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Bib Data Sheet

SERIAL NUMBER 10/606,742	FILING DATE 06/27/2003 RULE	CLASS 073	GROUP ART UNIT 2855	ATTORNEY DOCKET NO. CHEN3355/EM					
APPLICANTS Win-Tai Cheng, Tainan Hsien, TAIWAN;									
** CONTINUING DATA ***** <i>NO More</i>									
** FOREIGN APPLICATIONS ***** <i>NO More</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/29/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY TAIWAN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 27 </td> <td style="width: 20%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
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ADDRESS 23364 BACON & THOMAS, PLLC 625 SLATERS LANE FOURTH FLOOR ALEXANDRIA , VA 22314									
TITLE Pressure alarm device									
FILING FEE RECEIVED 438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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